

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>91889442</i>	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
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40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	1					TOTAL IND.		
TOTAL DEP.	9	→	→	→	→	TOTAL DEP.		
TOTAL CLAIMS	10	SEARCHED	SEARCHED	SEARCHED	SEARCHED	TOTAL CLAIMS		